

24  
8/10/00

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>HW</i>	<i>531</i>	
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>MA</i>	<i>349</i>	<i>7-24-00</i>
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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**BEST AVAILABLE COPY**